



**Chiron Association for Body Psychotherapists**  
contemporary approaches to psychotherapy

## **CABP Ethical Guidelines and Code of Practice 2017**

**in accordance with UKCP-HIPC Policies**

**CABP Ethics and Equal Opportunities Committee**

enquiries: [admin@body-psychotherapy.org.uk](mailto:admin@body-psychotherapy.org.uk)

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Amended by the Annual General Meeting on 7<sup>th</sup> November 2009  
Amended by the Annual General Meeting on 1<sup>st</sup> November 2008  
Created in London on 5<sup>th</sup> November 2005

**CABP is an Accrediting Organisational Member  
of the United Kingdom Council for Psychotherapy  
Humanistic & Integrative Psychotherapy College**



## Introduction

All CABP members commit to adhere to the Ethical Guidelines and Code of Practice which is designed to clarify and expand upon the philosophy embodied in the CABP Ethical Principles. The statements aim to establish our ethical position in regard to standard of practice and behaviour and have been devised in the best interest of clients, the general public, and fellow members of the Association. For practitioners, it provides a supportive framework for professional conduct as well as a means for discussing ethical issues and identifying unethical behaviour.

We have chosen to define our ethical position in terms of:

- A Individual Therapy
- B Group Therapy
- C Training Relationships
- D** Supervision
- F Professional Responsibility and Conduct
- G Research and Publications

## A. Individual therapy

### Contract

1. The contract defines the nature and format of the therapeutic relationship for both therapist and client and the terms and conditions of practice should be clearly stated, preferably in a written form, at the onset of the therapeutic relationship.
2. Psychotherapists are required to disclose their qualifications and not claim, or imply, training, qualifications or experience they do not have.
3. Contracts with clients are explicit in regard to fees, payment schedule, holidays, cancellation of sessions by client or psychotherapist, and session frequency. The likely length of therapy, the methods of practice to be utilised, referral and termination processes are discussed openly and specifically with clients at the onset of the professional relationship.
4. Psychotherapists are required to inform clients about their right to exercise freedom of choice in regard to their participation in therapeutic interventions suggested by the psychotherapist.
5. A clear agreement should be obtained when alterations to the contract are made in the course of the therapeutic relationship.

### Confidentiality

6. Psychotherapists have a primary obligation to preserve confidentiality and protect sensitive and personally identifiable information obtained from persons in the course of their work as psychotherapists from unauthorised disclosure. Clients are informed, when appropriate or on request, that there may be legal limits on the extent of confidentiality and the circumstances under which it might be broken to specific third parties. Consent to reveal information to others would normally be obtained in writing from the person concerned.
7. Disclosure of confidential information may be authorised by client request or consent (or the person's legal representative) or required by due process of the

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law such as an order of the court or by statutory instrument. It is recommended that therapists seek the advice of the Ethics and Equal Opportunities Committee and/or a solicitor when required by law to disclose information. Disclosure may also be required when clients pose a substantial risk of causing serious harm to themselves or others. Any disclosure should be undertaken in ways that best protect the client's trust.

8. If the psychotherapist breaches confidentiality, the client is informed immediately.
9. Clients' records kept by the psychotherapist must be stored (and disposed of) in an appropriate and secure way.
10. Contact with third parties such as friends or relatives of the client is only made with the express knowledge of the client. Any unanticipated communication with third parties is reported to the client, together with the content of the communication, as soon as possible after it has taken place.
11. It is good practice to avoid identifying specific clients, unless there are sound reasons for doing so, during supervision and other consultations to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
12. CABP members are licensed to work with adults of 18 years+. If a member works with a family with children under 18 they are not covered professionally by CABP for their work with such children and should only engage in such work when they have received training and accreditation through a recognized supplier of such training.

### Professional competence

13. Psychotherapists are required to maintain their ability to perform competently and to take the necessary steps to do so. Their practice environment needs to be appropriate to the services offered and conducive to the safety and privacy of clients and therapist.
14. Psychotherapists are in receipt of regular supervision appropriate to their experience, client load and field of work. Members are required to demonstrate at re-accreditation that they are undertaking some CPD and appropriate regular supervision in relation to each type of client group they work with e.g. group work, individuals or couples.
15. All practicing Psychotherapists are required to ensure that their professional work is adequately covered by appropriate indemnity insurance.
16. Psychotherapists recognise the boundaries and limitations of their techniques and their own personal expertise. They only provide service and use techniques for which they are qualified by training and experience. They take whatever precautions are necessary to protect the welfare of their clients and refer them on to other professionals whenever appropriate.
17. Psychotherapists are open and honest on the subjects of their training, expertise, experience and supervision arrangements. Clients may request information and explanations about purpose and nature of therapeutic methods, techniques or interventions at any time.

18. Psychotherapy is a developing and highly active field in which valuable new ideas are constantly emerging. Psychotherapists accept responsibility for keeping up with new developments in psychotherapy, for improving and updating their skills and knowledge. They make specific arrangements for continually monitoring their own knowledge and capabilities and have an ongoing commitment to continue to develop their personal competence.
19. Psychotherapists are responsible for ensuring that their emotional needs are met outside their clinical work and that they are not dependent on their relationships with clients. They recognise that personal problems, temporary or enduring physical or mental incapacity, and other conflicts may on occasion interfere with their professional effectiveness. In such circumstances, they seek appropriate professional assistance, supervision, support or advice. If they are unfit to work effectively or ethically, it may be necessary to refrain from practice.
20. Psychotherapists should make a Clinical Will to ensure that in the event of the therapist's sudden death or incapacitation there are arrangements in place to contact clients and supervisees. Psychotherapists should appoint a colleague as Clinical Executor who will inform clients, arrange referrals, close the practice and deal with notes and confidential information as appropriate.

### **Diversity**

21. Psychotherapists take into account and respect the values, customs and spiritual beliefs of their clients and do not discriminate on the basis of gender, disability, sexual preference, race, colour, age, HIV status, ethnicity, political, religious or spiritual beliefs, class and socio-economic status.
22. They recognise their own capacity for prejudice and blind spots in their experience and thinking. Whenever necessary they obtain supervision, additional training, consultation or advice to ensure competent and appropriate service.

### **Professional relationship**

23. Psychotherapists are required to maintain appropriate boundaries with clients. They accept responsibility for the consequences of their actions and make every effort to ensure that their services are used appropriately.
24. Psychotherapists endeavour to be energetically, emotionally and cognitively present, centred and bounded in the therapeutic relationship. They respect their clients' boundaries, inner processes and right for self-determination. Psychotherapists do not let their own need for gratification become dominant in the relationship and take care to not exploit their clients, current or past, in any way, financially, sexually or emotionally.

25. Potential conflicts of interest that might arise are made clear to all parties concerned. Psychotherapists are required to consider the possible implications of entering into dual relationships and make every effort to avoid entering into relationships that could confuse the existing relationship and are likely to be detrimental to clients. They do not accept intimates or relatives in therapy. Psychotherapists should think carefully about and exercise considerable caution before entering into personal or business relationships with former clients, and should refrain from doing so, normally in the region of a minimum of 5 years after the therapeutic relationship ends. Psychotherapists should expect to be professionally accountable if the relationship becomes detrimental to the client or the standing of the profession.
26. Psychotherapists are engaged in ongoing evaluation processes of the therapy, its progress and their own usefulness to the client. This evaluation determines their actions. Psychotherapists inform the client when it appears that the client is not benefiting from the therapeutic process.

### Clinical practice

27. Psychotherapists acknowledge that their own recommendations and personal actions can alter the lives of others. They use their position as a figure of power for the client to further the client's growth and autonomy. They do not use it for personal enhancement.
28. Psychotherapists are centred and bounded in their own sexuality and use this to aid the client in his/her psycho-sexual growth and development. They respond in a caring and bounded way to the sexual feelings of clients, whether they occur at child/parent level or at adult level. Psychotherapists do not use sexual feelings for personal empowerment or self-gratification. Sexual relations with clients are unethical. If the sexual ambience develops in the therapeutic relationship to such a degree that the therapist is unable to contain the dynamic or to maintain therapeutic clarity and distance, supervision should be sought and termination of the therapy considered. Such a termination should include at least one session with therapist and client consulting an outside professional to help clarify the therapeutic relationship and the termination procedure.
29. In body psychotherapy, therapists work directly and indirectly with the organism as an essential embodiment of mental, social, and spiritual life. The psychotherapist is expected to maintain a consistent frame of reference and a differentiated sensibility to the inter-relatedness of signs in the organism such as vegetative flow, muscular hypertonus and hypotonus, energetic blockage, energetic integration, pulsation and stages of increasing and natural self-regulative functioning.
30. Somatic therapeutic interventions are aimed at enabling clients to develop a new organisation of experience and behaviour and facilitate constructive change of the factors provoking or maintaining illness or suffering. Psychotherapists are required to consider and evaluate a sound rationale for any particular somatic therapeutic intervention. Where such interventions involve touch, psychotherapists recognise that touch can be particularly powerful and therefore open to abuse.
31. The therapeutic relationship is terminated by the psychotherapist when it ceases to benefit the client, or at the client's request, or by previous agreement. Care is taken to ensure that the client is well prepared for termination of the working relationship.

### **B. Group Therapy**

The Ethical Guidelines and Code of Practice principles of group therapy are generally the same as those applying to individual psychotherapy but applied to a situation where the psychotherapist balances the requirements of the group and the requirements of its individual members. The following additional statements aim to address situations and context specific to group therapy.

1. All members of the group agree to mutual confidentiality. Video and tape recordings are only made with the consent of all group members involved.
2. Psychotherapists consider the needs of the whole group whenever dealing with matters concerning the group - including when negotiating individual membership, or doing individual sessions with group members.
3. Psychotherapists encourage basic respect, appropriate confrontation and support between group members, while discouraging scapegoating and collusion.
4. Psychotherapists have a clear and stated policy about sexual relationships between group members.
5. Psychotherapists recognise the importance of congruent relationships. They consider the effects of extra-therapeutic relationships with group members upon the group as a whole, and act accordingly.
6. Announcements or advertisements of group therapy, personal development groups, special-interest group sessions or courses give a clear statement of purpose and a clear description of the experiences or training to be provided. The education, training, and experience of the staff members are appropriately specified and available prior to the commencement of the group, course or services. A clear statement of fees and any contractual implications is available before participation.

### **C Training Relationships**

The Ethical Guidelines and Code of Practice principles of training relationships are generally the same as those applying to individual and group therapeutic relationships but applied to a situation where the trainer responds to personal and group requirements as a necessary part of developing the professional capacity of trainees. The following additional statements aim to address situations and context specific to training relationships.

1. Training a person is a responsibility deliberately undertaken by the trainer. All prospective trainees will be fully informed of the nature and requirements of the course. The detailed syllabus, objectives, methodology and assessment criteria for each part of the training will be clearly set out and given to all trainees. All responsibilities in terms of costs and fees (as well as the possibility of cost increases during the course of training) will be explicit at the onset.
2. The degree of confidentiality will be made clear. There will be safeguards to protect the confidentiality of trainees' personal material. All exchanges between trainee and trainer whether in a one-to-one setting or group setting must be regarded as confidential and it is the trainer's responsibility to ensure that other trainees in a group setting respect confidentiality. Trainers and trainees meeting in more than one training context should be particularly sensitive to the confidentiality boundaries of each separate context.

3. Trainers are responsible for establishing a contract for confidential working which makes explicit the responsibilities of both trainer and trainees. For example, trainers must not reveal confidential information concerning trainees, or former trainees, without the consent of the trainee, except:

- in discussions with those on whom trainers rely for professional support and supervision
- in order to prevent serious harm to another or to the trainee - when legally required to break confidentiality
- during selection, assessment, complaints and disciplinary procedures in order to prevent or investigate breaches of ethical standards by trainees.

4. Normally trainees should be informed in advance that a trainer intends to disclose confidential information. If discussion by trainers of their trainees (or former trainees) with professional colleagues becomes necessary, it must be purposeful, no trivializing, and relevant to the training. If trainers suspect misconduct by another trainer which cannot be resolved or remedied after discussion with the trainer concerned, they should implement the Complaints Procedure, doing so without breaches of confidentiality other than those necessary for the investigation of the complaint. Within the context of training groups, there should be a clear boundary separating social and training times.

5. Trainers have a responsibility to themselves and to their trainees to maintain their own effectiveness, resilience and ability to work with trainees. They are expected to monitor their own personal functioning and to seek help and/or withdraw from training, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

6. Trainers must monitor their training work and be able and willing to account to trainees and colleagues for what they do and why. They must monitor and evaluate the limits of their competence as trainers by means of regular supervision or consultancy. They should commit themselves to continuing professional development as trainers. With regard to trainees, trainers are responsible at the beginning of courses to clearly inform trainees of the criteria and process of assessment. Trainers should ensure that trainees receive regular feedback on their work and that self and peer assessment are encouraged at regular intervals.

7. Trainers will be honest about their training and qualifications.

8. Trainers must be alert to any prejudices and assumptions that trainees reveal and raise their awareness of these issues, so that trainees are encouraged to recognise and value difference. Trainers have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which this may be affecting the training relationship.

9. Trainers will recognise the importance of a good working relationship for effective training to take place, and acknowledge the potential power and influence they may have with a trainee. Trainers must not exploit their trainees financially, sexually, emotionally, or in any other way.

10. Trainers should not accept their sexual partner into training. They do not engage in sexual activities with trainees during the course of the training. The trainer clarifies existing incongruent relationships in the training. He/she is attentive to unresolved issues between trainees and trainers.

11. Trainers are responsible for making explicit to trainees the boundaries between training, supervision, consultancy and psychotherapy. They are responsible for establishing and maintaining appropriate boundaries between themselves and trainees, so that working relationships are not confused with friendship or other relationships. It is important that trainers model appropriate boundaries, i.e. the roles of trainee and client should in general be kept separate during the training. Where painful personal issues are revealed, trainers are responsible for suggesting and encouraging further in-depth work outside the training context. Visiting or occasional trainers on programmes must ensure that they take responsibility for any pre-existing professional or personal relationship with any member of the training group.

12. Trainers are responsible for evaluating satisfactory progress in and conclusion of training and may dismiss students for reasons such as lack of maturity, application or ability. In cases of dismissal from the training, or threats to do so, clear warning needs to be given with opportunities for the trainee to redeem his/her position and the possibility of an appeal against any final dismissal. Trainers state training rules at the commencement of training and guarantee the contracted price range and quality of tuition.

13. Trainers may set definite requirements on the personal development of the student to meet the demands of the training.

14. Trainers use their power to establish and maintain the structure and quality of the training. They welcome the outcome of a democratic organisation of trainees. They encourage trainees to share their evaluation of the system and the training programme. They hear the opinion of the trainees on the organisational structure of the system and training programme and take their suggestions into account. They recognise the power of the training relationship and the potential for distortion from the trainers' personal processes and how these might affect the trainees' future professional life and take appropriate precautions.

### **D. Supervision**

The Ethical Guidelines and Code of Practice principles of supervision are generally the same as those applying to individual therapy and training, but applied to a situation where the supervisor supports and confronts the supervisee to help him/her improve his/her professional performance. The following additional statements aim to address situations and context specific to supervision.

1. Psychotherapists who supervise other therapists or therapists in training accept the obligation to provide constructive consultation and facilitate the further professional development of these individuals. They take appropriate action to ensure the competence of psychotherapists in training.

2. Supervisors clearly state the difference between supervision and therapy and at all times respect this boundary and difference of focus.

3. Supervisors do not accept intimates of supervisees in therapy.

### **E. Professional Responsibility and Conduct**

1. Psychotherapists are required to restrict promotion of their work to a description of the type of psychotherapy they provide. When announcing or advertising professional services, psychotherapists may list the following information to describe their qualifications and the services they provide: relevant academic degree(s) or training certificate(s) earned from accredited institutions, award of the ECP (European Certificate of Psychotherapy), membership of psychotherapy organisations and professionally relevant bodies, contact

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information, a brief listing of the type of psychological services offered, scale of fees, policy with regards to private health insurance payments, foreign languages spoken and other brief and pertinent information. Additional relevant or important consumer information may be included if not prohibited by other sections of these Ethical Guidelines.

2. Paid advertisements must be identified as such, unless it is apparent from the context that it is a paid advertisement. In announcing or advertising the availability of psychotherapeutic services or publications, psychotherapists do not present their affiliation with any organisation in a manner that falsely implies sponsorship or certification by that organisation. Public statements may not contain:

- a false, fraudulent, misleading, deceptive, or unfair statement;
- a misinterpretation of fact or a statement likely to mislead or deceive because it
- makes only a partial and out of context disclosure of relevant facts;
- a testimonial from a client regarding the quality of a psychotherapist's services or products;
- a statement intended or likely to create false or unjustified expectations of favourable results;
- a statement implying unusual, unique, or one-of-a-kind abilities;
- a statement intended or likely to appeal to a client's fears, anxieties, or emotions
- concerning the possible results of failure to obtain the offered services;
- a statement concerning the comparative desirability of offered services; - a statement of direct solicitation of individual clients.

3. Psychotherapists are required to refrain from any behaviour that may be detrimental to the profession, to colleagues or to trainees.

4. In order to protect the good name of the organisation and the profession of Psychotherapy, CABP members should be attentive to the integrity and ethical behaviour of their colleagues as well as themselves.

5. Psychotherapists are required to consider appropriate action if they become aware of another psychotherapist's ethical violation or behaviour which may be detrimental to the profession, to colleagues or to trainees. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, they may first attempt to resolve the issue informally by bringing the behaviour to the attention of the psychotherapist. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychotherapists should bring it to the attention of the appropriate institution, association or committee on professional ethics and conduct.

6. CABP Members inform the CABP Membership Secretary if:

- any complaint is in progress or has been upheld against them in another professional organisation, or in connection with their professional work or in respect of, any
- professional organisation with which they are directly involved, or
- they are convicted of any criminal offence, in which case information will be held in confidence by the CABP unless it has a direct bearing on a practitioner's professional viability, or successful civil proceedings are brought against them in connection with their work as practitioners.

The CABP Council decides whether such findings make it appropriate to review the CABP Member's membership.

7. Psychotherapists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychotherapists' employing institutions, psychotherapists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Where the demands of an organisation require psychotherapists to

violate these or any ethical guidelines or principles, psychotherapists clarify the nature of the conflict between the demands and the guidelines or principles. They inform all parties of their ethical responsibilities as psychotherapists and take appropriate action.

### **F. Research and Publication**

1. The association is committed to fostering research that will inform and develop theory and practice. All research and publication should be undertaken with rigorous attentiveness to quality and integrity. Acknowledgment through specific citations is made for unpublished as well as published material that has directly influenced the research or writing.

2. Psychotherapists who present personal information obtained during the course of professional work in writings, lectures, or any other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information to safeguard the welfare and anonymity of clients.

3. Psychotherapists are required to clarify with clients the nature, purpose and conditions of any research in which the clients are involved and to ensure that informed and verifiable consent is given before commencement.

4. The rights of all research participants should be carefully considered and protected.

Participants have the right to withdraw their consent at any time. Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.

5. Research methods used should comply with standards of good practice in psychotherapy and must not adversely affect clients.

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